This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2550
Email: hskipworth@skipworthlaw.com
From paperwork provided by clients –
No Title examination requested.

Karen Johnson Davidson County
Batch# 983435 AFFIDAVITH
03/22/2023 02:19:27 PM 15 pgs
Fees: $77.00 Taxes: $0.00
20230322-0020854

NEW OWNERS:

Map & Parcel No: 02100025600

Pamela Jean Perry
4034 Grays Point Road
Joelton, TN 37080

Brenda Lynn Allred
12106 Oakdale Way
Goshen, KY 40026

Sherry Anne Payne
640 Hardin Shire Drive
Old Hickory, TN 37138

SEND TAX NOTICE TO:

Pamela Jean Perry
4034 Grays Point Road
Joelton, TN 37080

Brenda Lynn Allred
12106 Oakdale Way
Goshen, KY 40026

Sherry Anne Payne
640 Hardin Shire Drive
Old Hickory, TN 37138

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Come the Affiant, Emilie Yvonne Ruff, being first duly sworn according to law, and being of lawful age and residing for the past 60 or more years in and around

Davidson County, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear or affirm to the following of her own free will and based upon her personal knowledge and familiarity:

The decedent, Edgar Anne Fentress A/K/A Anne D. Fentress, and late husband, Matthew Fentress, purchased land, as husband and wife, now known as 5111 Rawlings Road, Joelton, Tennessee 37080. The decedent and late husband, during their union birthed three children: Pamela Jean Perry, Brenda Lynn Allred, and Sherry Anne Payne; all now adults.

1. At the time of her death, the decedent owned a house and acreage described as follows to wit:

SEE EXHIBIT "A"
ATTACHED HERETO
FOR COMPLETE DESCRIPTION
OF PROPERTY

Being the property conveyed to Matthew Fentress and wife, Anne Fentress A/K/A Anne D. Fentress and Edgar Anne Fentress by deed from Daniel R. Price, unmarried, of record in Book 7286, page 873, Register's Office for Davidson County, Tennessee. Thereafter Matthew Fentress died on August 26, 2001, evidenced by Certificate of Death attached hereto as Exhibit B.

SUBJECT TO Government zoning, subdivision ordinances, regulations or easements in effect thereon.

REFERENCE is made to prior title recorded in Book 7286, page 873, Register's Office for Davidson County, Tennessee.

1. As evidenced by a Certificate of Death attached hereto as Exhibit "C", Edgar Anne Fentress A/K/A Anne D. Fentress died testate on 28 October 2021.

2. The decedent died leaving no spouse.

3. The decedent died leaving three biological children: Pamela Jean Perry, Brenda Lynn Allred, and Sherry Anne Payne. The decedent had no other children.

4. Pamela Jean Perry, Brenda Lynn Allred, and Sherry Anne Payne, each received a one-third (1/3) undivided interest in the real estate described above by virtue of being the surviving issue/beneficiaries under the testate estate of Edgar Anne Fentress A/K/A Anne D. Fentress, deceased, as evidenced by the following:

a. Copy of Order For testate Administration, see EXHIBIT "D"
b. Copy of Letters Testamentary, see EXHIBIT "E"

5. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "F", the decedent did not receive any aid from the Bureau of Tenncare.

6. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

8. This Affidavit will confirm the vesting of title to the real property located at 5111 Rawlings Road, Joelton, Davidson County, Tennessee, 37080 after the death of Edgar Anne Fentress A/K/A Anne D. Fentress, in Pamela Jean Perry, Brenda Lynn Allred, and Sherry Anne Payne, as tenants in common, being the only heirs and beneficiaries under the testate estate of Edgar Anne Fentress AKA Anne D. Fentress, deceased.

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to the heirs/beneficiaries under the testate estate of Edgar Anne Fentress A/K/N Anne D. Fentress.

Further, Affiants saith not.

Dated this 30th day of January, 2023.

Emilie Yvonne Ruff

EMILIE YVONNE RUFF, Affiant

SWORN TO AND SUBSCRIBED before me on this the 30th day of January, 2023.

NOTARY PUBLIC
My Commission Expires:

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 10-2-2023

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

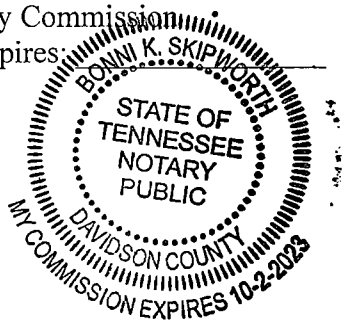
Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **EMILIE YVONNE RUFF**, the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county,

on this 30th day of January, 2023.

Bonni K. Skipworth
NOTARY PUBLIC

My Commission expires:



Pamela Jean Perry
PAMELA JEAN PERRY, HEIR/BENEFICIARY

SWORN TO AND SUBSCRIBED before me on this the 18th day of March, 2023.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **PAMELA JEAN PERRY**, the within named heir/beneficiary, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 18th day of March, 2023.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

Brenda Lynn Allred
BRENDA LYNN ALLRED, HEIR/BENEFICIARY

SWORN TO AND SUBSCRIBED before me on this the 18th day of March, 2023.

Howard M. Skipworth
NOTARY PUBLIC
My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **BRENDA LYNN ALLRED**, the within named heir/beneficiary, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 18th day of March, 2023.

Howard M. Skipworth
NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

Sherry Anne Payne

SHERRY ANNE PAYNE, HEIR/BENEFICIARY

SWORN TO AND SUBSCRIBED before me on this the 18th day of March, 2023.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **SHERRY ANNE PAYNE**, the within named heir/beneficiary, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 18th day of March, 2023.

Howard M. Skipworth

NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 10-2-2023

NOTE TO REGISTER:
Upon recording, please return
the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
Joelton, TN 37080

EXHIBIT "A"

Real Property Description

Land in Davidson County, Tennessee, being Lot No. 3 on the Plan of Potter Estates, Section One, of record in Plat Book 5050, page 6, Register's Office for Davidson County, Tennessee, to which plan reference is here made for a more complete and accurate description.

Subject to all matters on plat 5050-6

Property tax for year 2022 have been paid in the amount of $1,859.12.
Property tax for year 2023 a lien but not yet due and payable.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): MATTHEW FENTRESS
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): AUGUST 26, 2001
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]
5a. AGE-LAST BIRTHDAY (Years): 69
5b. UNDER 1 YEAR MOS / DAYS
5c. UNDER 1 DAY HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): DEC.23,1931
7. BIRTHPLACE (City and State or Foreign Country): ROBERTSON COUNTY, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 5111 RAWLINGS ROAD
9c. CITY, TOWN, OR LOCATION OF DEATH: JOELTON
9d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): ANNE DUKE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): OPERATOR/AUTO GLASS MFG
12b. KIND OF BUSINESS/INDUSTRY: FORD GLASS PLANT
13a. RESIDENCE-STATE: TN
13b. COUNTY: DAVIDSON
13c. CITY, TOWN OR LOCATION: JOELTON
13d. STREET AND NUMBER OR RURAL LOCATION: 5111 RAWLINGS ROAD
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): HUBERT DAVID FENTRESS
18. MOTHER'S NAME (First, Middle, Maiden Surname): LILLY GLADYS ELLISON

INFORMANT

19a. INFORMANT'S NAME (Type/Print): ANNE FENTRESS
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5111 RAWLINGS ROAD, JOELTON, TN 37080

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): JOELTON HILLS MEMORY GARDENS
20c. LOCATION-City or Town, State: JOELTON, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: ROBERT ANDERSON, JR.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c. SIGNATURE OF EMBALMER: KEITH STAPLETON
21d. LICENSE NUMBER OF EMBALMER: 3612
22a. NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT FUENRAL HOME
3501 OLD CLARKSVILLE PIKE, P.O. BOX 68, JOELTON, TN 37080
22b. LICENSE NUMBER OF FUNERAL HOME

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24. DATE FILED (Month, Day, Year): August 30, 2001

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Karl Rogers MD
25b. LICENSE NUMBER: MD 18887
25c. DATE SIGNED (Month, Day, Year): 8/29/2001
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): KARL ROGERS, M.D., 2011 CHURCH STREET, SUITE 701, NASHVILLE, TN 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in) a. Multiple Myeloma
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No
30. MANNER OF DEATH: 1 [✓] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1659
/. 2-93
BIRTH NO.
RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

Dat

EXHIBIT
B

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 076336

1. Decedent's Legal Name: ANNE D FENTRESS		2. Sex: FEMALE	3. Date of Death: 10/28/2021
4. Time of Death (Approx.): 12:13 PM	5a. Age: 85	6. Date of Birth: 05/03/1936	7. Birthplace: NASHVILLE, TN
8a. Place of Death: HOSPICE FACILITY			
8b. Facility Name: ALIVE HOSPICE	8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: HOME MAKER	11b. Kind of Business/Industry: DOMESTIC
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: JOELTON
13d. Street and Number: 5111 RAWLINGS RD	13e. Inside City Limits?: YES	13f. Zip Code: 37080	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: WILLIE EDGAR DUKE	19. Mother's Name Prior to First Marriage: LOIS HAZEL HOLLAND		
20a. Informant's Name: PAM PERRY	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 4034 GRAYS POINT ROAD, JOELTON, TN 37080	
21a. Method of Disposition: BURIAL	21b. Place of Disposition: JOELTON HILLS MEMORY GARDENS	21c. Location: JOELTON, TN	
22a. Signature of Funeral Director: /s/ BOBBY WAYNE COOK	22b. License Number: 6870	22c. Signature of Embalmer: /s/ Robert Gregory Degnan	22d. License Number: 5919
23a. Name and Address of Funeral Home: ANDERSON AND GARRETT FUNERAL HOME, 3501 OLD CLARKSVILLE PIKE, JOELTON, TN 37080-8892			23b. License Number: 193
24. Registrar's Signature: /s/ EDWARD G BISHOP III	25. Date Filed: 11/01/2021		

26. Certifier

26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

26b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier: /s/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 10/29/2021
27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203		

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	a. STROKE	
	b. ATHEROSCLEROTIC CEREBROVASCULAR DISEASE	
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. Was an Autopsy Performed?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: NOT PREGNANT WITHIN PAST YEAR		
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
	34e. Describe How Injury Occurred			34f. Location of Injury

PH-1659E RDA 10112

13657765

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

1 3 6 5 7 7 6 5

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

EXHIBIT
C

CERTIFICATION OF VITAL RECORD

IN THE **SEVENTH** CIRCUIT COURT (**PROBATE DIVISION**), FOR DAVIDSON COUNTY, **TWENTIETH** JUDICIAL DISTRICT, STATE OF TENNESSEE AT NASHVILLE

In Re: ESTATE OF
EDGAR ANNE FENTRESS,
Deceased.

Case No. 22P177

PAMELA JEAN PERRY,
Petitioner.

ORDER ADMITTING WILL TO PROBATE

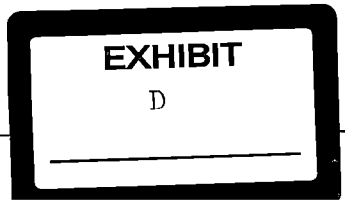
Based on an examination of the Petition, the decedent's last will, the affidavit of the subscribing witnesses and the sworn testimony of Petitioner on March 3, 2022, the Court finds the following:

1. Decedent was a resident of Davidson County, Tennessee.

2. Decedent died on October 28, 2021, at the age of eighty-five (85) years.

3. Decedent left a will dated December 27, 2019, which was properly signed and witnessed.

4. Petitioner was appointed executrix in Paragraph 2.2 of decedent's will. Petitioner was excused from bond in Paragraph 1.2 of decedent's will; excused from filing an inventory in Paragraph 1.3 of decedent's will; and excused from filing all accountings in Paragraph 1.3 of decedent's will. Each person who is a residuary beneficiary of the estate is an adult and



each has consented to the personal representative's being excused from bond, filing an inventory and filing all accountings as evidenced by beneficiaries signed, acknowledged collective Agreement to Waive Bond, Inventory and All Accountings as Exhibit B to Petition.

Based on these findings, the Court orders the following:

1. Decedent's will dated December 27, 2019 be admitted to probate;

2. After issuing the oath to Petitioner, letters testamentary will be issued to Pamela Jean Perry;

3. All bonds are excused;

4 The requirement of an inventory is waived;

5. The requirement of all accountings is waived;

6. The executrix shall file the affidavit certifying the sending of a copy of the will to each residuary beneficiary and a copy of the relevant portion to each specific gift beneficiary within sixty (60) days of the date of this Order; and

7. The executrix shall file with the Clerk of the Court a Status Report if this case remains open fifteen (15) months from the date of this Order and annually thereafter until this case is closed.

Entered March 3, 2022

Randy Kennedy, Judge

APPROVED FOR ENTRY:
HOWARD M. SKIPWORTH & ASSOCIATES



HOWARD M. SKIPWORTH #012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080-0489
Telephone: 615/876-2550
Email: hmskiplaw@comcast.net

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

(PROBATE DIVISION)

LETTERS TESTAMENTARY

TO: **PAMELA JEAN PERRY** DOCKET NO: **22P177**

*It appearing to the Court that **EDGAR ANNE FENTRESS** has died leaving a written Will in which you are appointed **Executrix** and which has been duly approved by the Court; and you having been qualified according to law, and it having been ordered by said Court that Letters Testamentary issue to you;*

*THESE ARE, THEREFORE, to empower you, the said **PAMELA JEAN PERRY**, to enter upon the execution of said Will, and take into your possession all of the property, and to make, within **sixty (60) days** from this date, a perfect inventory thereof, and make due collection for all debts, and after paying all the just demands against the Testator, and settling up the business according to law, you will pay over and deliver the property and effects that may remain in your hands, and do all other things that may be required, according to the provisions of the said will and the laws of the land.*

*WITNESS, Richard R. Rooker, Clerk of the Probate Court, at office, this **March 3rd, 2022**.*

RICHARD R. ROOKER, Clerk

_____ D.C.

STATE OF TENNESSEE)

DAVIDSON COUNTY)

I, RICHARD R. ROOKER, Clerk of the Probate Court of said County, do hereby certify that the foregoing is a true and perfect copy of the Letters Testamentary issued to **PAMELA JEAN PERRY** as **Executrix** of the estate of **EDGAR ANNE FENTRESS**, deceased, and I do further certify that **PAMELA JEAN PERRY** is still acting **Executrix** of the estate of **EDGAR ANNE FENTRESS** and all acts as such are entitled to full faith and credit as it appears from the official record in my office in Nashville, Tennessee, this the 3rd day of March, 2022.

RICHARD R. ROOKER, Clerk

_____ D.C.

EXHIBIT

E

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

December 7, 2022

Howard M. Skipworth
PO Box 489
Joelton, TN 37080

RE: Fentress, Ann D Date of Death: 10/28/2021 SSN: xxx-xx-8771
Our File Number: 84778

Howard M. Skipworth:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson
TennCare RFR Processing Unit

EXHIBIT
F